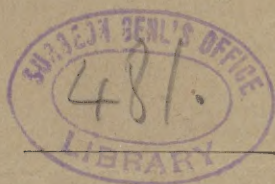


ENGEL (H)

**THE THERAPEUTICAL
EFFECT OF ANTIKAMNIA.**

BY HUGO ENGEL, A. M., M. D.

Late Lecturer on Electro-Therapeutics Jefferson Medical College, 1. Professor
of Nervous Diseases and Clinical Medicine at Med.-Chir. College, and
Consultant in Nervous Diseases at St. Joseph's Hospital at
Philadelphia: Fellow of the American Academy
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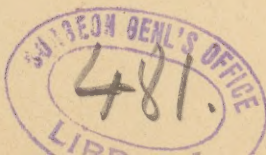
A number of coal-tar derivatives, heretofore unknown, and many other new remedies have of late been introduced to the medical profession. Most of them possess great merits, producing definite therapeutical results, and many of them are so-called proprietary medicines, patented by their inventors.

To these drugs Aristol, Creoline, Salicylic Acid and others belong. When a chemist

makes a discovery of benefit to the medical profession, and by patenting the process of manufacture secures to himself the financial profits arising from such a discovery, we may dislike it, but provided he offers the remedy solely to the medical profession, and provided it is what it is represented to be, I see no reason why we should not investigate the therapeutical action of such a drug, and appropriate it to our use, if it really proves valuable.

A remedy of this kind, discovered by a chemist of our own country, is Antikamnia. Much has been said against, and a great deal in favor of, the latter. One case has been reported in which death was said to have been caused by Antikamnia, but a perusal of the record will satisfy anyone that the final dissolution in that case was not due to the remedy. Reports have also been published showing the antipyretic effect of Antikamnia; but, as I will show later, these reports never were the results of actual tests. Finally various assertions have been made of Antikamnia being a mixture of soda and antipyrine, or the former and antifebrine, but upon the drug having been prepared in accordance with those formulæ an article was produced bearing no resemblance to Antikamnia.

At the very start I must say that Antikamnia is either a derivative of coal-tar differing from all others of the same class thus far known, or if a composition of any other derivative and a different substance, then the result of the composition has been a drug with such definite therapeutical effect of its own as to characterize it as a new remedy.



While I personally do not like the secret surrounding it, the fact of Antikamnia being offered strictly only to our profession induces me to be satisfied with the statement for the time being that it is a coal-tar derivative, and not such a mixture as has been suggested; and having accidentally found some of the assertions made in its favor to be correct, I concluded to subject Antikamnia to a careful test, and to report the results of my observations. These results are given in the following:

Antikamnia possesses two valuable properties—analgesic and antipyretic.

For the purpose of examining into its analgesic properties, as well as for that of determining its action as an antipyretic not only were control-experiments made, but any possible by-effects of the remedy on circulation or respiration, or any other deleterious effects were carefully inquired into.

The fact of its insolubility in water, and also that of its slightly pungent taste, induced me to prefer its administration in the form of tablets, and as the effect of a dose of less than five grains in adults in the majority of instances is insignificant, I made use of five-grain tablets as the most convenient form of employing the drug.

To note best the effect of Antikamnia as an analgesic I again subdivided the series of experiments into two, viz.:

1. To determine what doses were needed to stop the pain for which it was administered, provided it caused a cessation of the pain, and
2. To find out whether or not it had any preventive effect in recurring cases of neuralgia, or of other kinds of pain.

I may say at once that Antikamnia possesses no merit as a preventive of pain; its action is *nil* until the pain begins.

As enough has been said concerning its physiological effect, I will here state only that Antikamnia, when given in five-grain doses every ten minutes until grs. xxx have been taken, produces no effect whatever in a healthy person. As my investigations concerned its action under pathological conditions, I did not inquire further into the question how much more than thirty grains might be administered to a healthy person without any deleterious effect.

The action of Antikamnia as an analgesic begins the moment an individual is attacked by pain, and here a great number of observations has established with me the following rule for its administration to adults.

As early as possible after the pain has developed—if possible, immediately after—Antikamnia grs. v are taken; from three to four minutes later, if the first dose has no, or but little effect, the same dose is repeated; and again three or four minutes later, provided again the effect is *nil* or not sufficient, this dose is administered the third time. Then I let the patient wait ten minutes; if by the end of that time the pain is greatly ameliorated but a trace of it be still present, a fourth dose of gr. v then (i. e., ten minutes after the third) given, will generally stop the pain completely. But if the third dose has showed no effect whatever, it is useless for the patient to take more of the same remedy, for in such a case no amount of the drug will have any influence on the pain.

In many instances the pain, of whatever character, either diminishes or ceases three to four minutes after the first dose; in a great many cases the second dose brings about the same result, while in the majority of cases a third dose is needed to effectually remove the pain. Here and there a fourth dose is required to cause the total cessation of the pain. It is wrong to wait ten minutes or longer ere a second or third dose is administered, for according to my experience the preceding dose partly loses its effect unless within *latest* five minutes the next dose is given. If we proceed as advised, the best results are gained the quickest—always a great desideratum in suffering.

A hypodermic injection of morphia, gr. $\frac{1}{2}$ to gr. $\frac{1}{4}$, has no more rapid effect than Antikamnia if given as explained. But while the nature of the pain seems to influence the action of Antikamnia very little, if any, so that the latter may be used in any kind of pain and always in the doses mentioned, with the assurance of prompt relief in most instances, and with no by-effects whatever, two important factors demand our earnest consideration.

First, idiosyncrasy—the individuality of the patient. In no instance is any untoward

action observed*; the three or four doses each of gr. v required to remove the pain may be taken with the same immunity as pure water, but, as already hinted, occasionally we meet with cases where Antikamnia as an analgesic has no effect whatever, resembling in this respect some of the other coal-tar derivatives. And whether a certain patient is such a person or not we have no means of predicting. From my observation I conclude that only upon eight per cent. of all patients suffering with pain Antikamnia has no effect. This leads me to the second factor, where I believe to have made an *important observation*.

It is well recognized by the medical profession that some attacks of pain are influenced solely by certain atmospheric changes. Two facts in this respect have been known since the time of Hippocrates. They are: one, that persons suffering from a rheumatic diathesis—especially those in whom it assumes the form of muscular rheumatism—are prone to be attacked by their enemy mainly when the column of mercury in the barometer sinks below its usual level; and the second, that all those individuals—and their numbers are legion—blessed with sensitive corns are the best weather-prophets, for their corns will become painful at the approach of a storm, often long before the mercury in the tube begins to contract.

Not long since, S. Weir Mitchell, in conjunction with a surgeon of our army (whose name has escaped me), began a series of studies to determine what special atmospheric changes are productive of neuralgic attacks. These researches, not yet finished, promise to open a new field for observation.

*Occasionally we meet with cases where, after thirty grains of Antikamnia have been taken, a slight cyanosis develops itself, which, as a rule, is not observed under forty to sixty grains. A very plain case of that kind occurred in a near relation of mine, a young, vigorous girl, aged thirteen, the only case of mine under nineteen years of age. She had suffered from toothache, and as each time the pain stopped after four doses of five grs. each, and as she had not been warned not to try the experiment too often, she repeated the same procedure four times within twelve hours, thus taking altogether eighty grains. She presented all the signs of a mild cyanosis, but without a single other symptom observable in circulation, respiration, or in the nervous system. Her pulse was quiet, regular and slow, no chill, no headache, no uncomfortable feeling of any kind, no nausea, appetite unimpaired. The cyanosis disappeared over night without any untoward symptoms.

Every dentist knows that toothache at times become epidemic at certain seasons of the year. Persons subject to attacks of neuralgia are most prone to suffer then, and some then only.

It is in pain of this nature that I have found Antikamnia to act as a specific in every instance without exception, and to be more reliable than any other remedy known to me. Antipyrine, antifebrine, phenacetine and other drugs of this class are valuable analgesic remedies, but not one of them is so certain in its effect in comparatively as small a dose and so prompt in giving relief as Antikamnia in every kind of pain, if the latter has been caused, or its development been favored; by low barometrical pressure. And so uniform is its action that this fact alone proves Antikamnia to possess properties differing from those of other coal-tar derivatives. While, as indicated, in common pain of every description Antikamnia, if administered as suggested, removes the pain within from three to fifteen minutes in ninety-two per cent. of all cases of pain presented, whenever the suffering is caused by atmospheric changes the same remedy acts as a specific in every instance that has come under my observation; it affords the promptest relief in every case of that kind without exception.

February this year I had a very good opportunity to test the effect of Antikamnia in the complaints mentioned, and the following are the short histories of some of these cases:

Mrs. F. A. St., aged 52; subject to violent migraine, especially apt to develop before a storm, was seized February 11 by a very severe attack, at 11:10 a. m., when Antikamnia gr. v. were given. Dose repeated 11:13 a. m. and at 11:17 a. m. Before the fourth dose was taken the pain had almost vanished. After the fourth dose at 11:29 a. m. all pain was gone.

Fanny E., aged 23; attacked February 17 by violent neuralgia, pain apparently starting in a decayed tooth in left upper jaw, and extending along the whole left side of the jaw. At 5:15 p. m. administered Antikamnia gr. v, a second dose at 5:18 p. m.; immediately after pain much relieved; third dose 5:22 p. m. Pain ceased a few minutes later.

Ch. C., aged 36; February 18, suffers from rheumatic affection of the right instep;

very painful, slight swelling, no redness. Antikamnia gr. v at 2:30 p. m., again at 2:34 p. m., again at 2:37 p. m. Pain stopped after the last dose.

J. M., aged 42; often suffered from neuralgic attacks in the abdomen. They began first sixteen years ago after an operation for strangulated hernia. I took them to be due to adhesions. Exploratory incision refused. Had a severe attack February 18. Saw him 11:03 a. m., when he took Antikamnia gr. v. Dose repeated 11:06 a. m. and 11:09 a. m. One minute after the pain had almost ceased. 11:20 a. m. I gave him a fourth dose, after which all pain disappeared.

G. B., aged 49; February 19, 10:00 a. m., took Antikamnia gr. v, for violent headache; repeated dose twice within ten minutes, when the pain yielded to the remedy.

As the remedy was tried by myself, assistants and friends of mine in 112 cases—whose record has been kept—I could greatly augment the number here published, but those quoted will suffice for our purpose.

In some forms of neuralgia, though not due to malarial poisoning, the pain is apt to recur at stated periods. In a few instances of this kind I tried to employ Antikamnia as a preventive, but it had as little effect as if administered to a healthy person. The pain must first develop ere the action of Antikamnia begins. In pains of all kinds there is evidently produced a state of irritability, which is at once altered by Antikamnia. The latter has no numbing effect. This is also proved by the fact that the pain removed under the influence of this drug does not return unless a new attack of the pain occurs, while if the action of Antikamnia were anæsthetic in character this effect, as happens with opium and its salts, would soon wear off, or the doses would have to be repeated an hour or so later, which is never required.*

*In cases of abscess—though even here the pain is mitigated and the fever reduced under the influence of Antikamnia—the effect is not lasting. It may continue for a few hours, but then the symptoms return, only again to yield to the same remedy. This goes on until the abscess has been opened or spontaneously discharged its contents. So uniform was this in some of my cases that in toothache, ameliorated only in this way, I diagnosed an abscess at the root, and in each instance my supposition proved correct.

In the case quoted in the first foot-note such a condition of affairs existed and it was this circumstance which had forced the patient to have recourse to Antikamnia often enough to give rise to cyanosis.

That the effect of Antikamnia is fully analgesic and that alone, was proved in the case of P. B., aged 31. I saw him January 26, because of a severe attack of hemicrania. The right pupil was widely dilated, and that side of the face congested. Within twenty minutes, administering four five-grain doses of Antikamnia, the pain stopped, but it took half an hour longer ere the disturbances of circulation disappeared. Had Antikamnia any effect on the vasomotor nerve, the symptoms of congestion would have yielded before the pain stopped, while the contrary occurred.

Regarding the antipyretic action of the drug, I may premise that, excepting in a few instances, I had no opportunity to watch its effect on persons under nineteen years of age; my remarks will apply, therefore, only to adults. I also did not come across a single case of intermittent fever, though I made special exertions. The action of Antikamnia, therefore, in the latter disease I must postpone to test until an opportunity offers.

The smallest dose to be administered with the view of reducing the temperature should be gr. x, which is best given every fifteen minutes until gr. xl have thus been taken. After that I am in the habit of ordering gr. x every half an hour, and when in this way all together seventy grains of Antikamnia have been introduced into the system without the least sign indicating a reduction of the febrile temperature, no more of the same drug should be used, but some other antipyretic, or preferably the cold bath or pack, or both, be employed for that purpose. In most cases, however, the temperature begins to decline when from gr. xl to lx (3j) have been taken of Antikamnia, and by continuing to administer gr. x every hour two more such doses—altogether gr. lxxx—will in the most stubborn case bring about the lowest reduction of temperature possible without risk to the system. Carried still further it is apt to produce symptoms of a mild collapse, though in several cases I saw the patient take in the manner suggested over 100 grains (105 grs. in one, 110 grs. in a second, and 115 grs. in a third case), without the appearance of any unfavorable phenomena. Still as a rule it will be wise not to exceed gr. lxxx except under great caution, i. e. *præsentē medicō.*

When the temperature has once been reduced, gr. x every hour from the time the thermometer begins to rise anew, will suffice to keep the temperature down, but if this is not commenced immediately at the beginning of the rise the same course as at first must be gone through in order to obtain the same effect as at first.

The amount of reduction and the length of the period of time during which the temperature may remain reduced depend upon the severity of the case and the cause of the fever. I have found, however, the following law to hold good almost invariably:—that the greater the number of gr. x doses required to obtain a reduction of the temperature the more difficult it is to retain the reduction and the quicker will the rise again set in.

In general I may say that we need of Antikamnia a dose of about one-third larger than is necessary of antipyrine to obtain the same antipyretic effect, but Antikamnia may be given with immunity until double the dose (indicating the danger-limit) of antipyrine has been reached, while the reduction is maintained easier with a smaller dose, and the reaction threatened from a dose of Antikamnia larger than 80 grains is by no means so severe as that often ushered in when about 40 grains of antipyrine have been taken.

I have, however, found no instance of such an idiosyncrasy as is observed, for instance, in antipyrine, where often when 20, 30 or 40 grains have been administered alarming symptoms, as rigors, cyanosis, collapse, etc., suddenly develop without any warning; in fact in no case have I observed the least untoward symptom, the least deleterious effect on respiration, circulation, digestion, or the nervous system as long as the safety-limit is not passed. In several coal-tar derivatives we are never certain whether or not the patient before us will evince such an idiosyncrasy, and the latter may show itself as soon as only one-fourth of the dose needed for an antipyretic effect has been reached, while in Antikamnia from 40 to 60 grains may be given with the assurance that no untoward symptom will develop, provided it be administered about as suggested. In this property Antikamnia possesses a valuable advantage, if compared with other drugs of the same class.

The following cases will illustrate my method of administering Antikamnia as an antipyretic in febrile diseases:

J. H., aged 26; March 14, 1892, trephining had been done, and a small portion of the cortical tissue in the lower part of the left fissure of Rolando had been dissected off. Temperature six hours after the operation 104.3 degrees. Antikamnia gr. xv administered every fifteen minutes, beginning 7:30 p. m. At 8:15 p. m. one drachm had been given, and at that hour the record showed 104 degrees. At 8:40 gr. x more were given; at 8:50 p. m. the thermometer recorded 102 degrees; at 9 p. m., Antikamnia gr. x, temperature 100.1 degrees; 9:30 p. m., Antikamnia gr. x; at 9:40 p. m., temperature 99 degrees, after which gr. v were administered every hour. During the night the temperature vacillated between 99 and 101 degrees, when at 10:30 a. m., the next morning, it again crept up. The dressing was renewed, the wound thoroughly disinfected, and the case after that had almost an afebrile course.

L. B., aged 22, typhoid. Beginning of second week of the disease, March 17, 1892; temperature 104.2 degrees. Ordered Antikamnia gr. x every fifteen minutes; after four such doses gr. x every half an hour. Ten minutes after gr. lx had been taken, temperature fell to 101 degrees, and was kept at that height by gr. v every two hours until early the following morning, when the record showed 100 degrees. In the afternoon the temperature again rose. When it had ascended to 102.4 degrees, four doses of Antikamnia gr. x, each given ten minutes apart, secured a reduction of the temperature to 100.1 degrees. Ordered Antikamnia gr. v every two hours, which sufficed to keep the temperature down. In this way Antikamnia was administered for six consecutive days, during which the temperature never rose above 101.3 degrees, as the remedy was applied as soon as the rise began. From 5 a. m. to 12 m. daily no Antikamnia was given. The reduction of temperature in this case evidently lessened the cerebral disturbance and added greatly to the comfort of the patient, though it probably did not shorten the duration of the disease. The patient complained on only two days of a slight chilliness, and the sweating in his case—as in most others—was most profuse a

short time before the maximum dose of Antikamnia was reached.

P. McI., aged 29, typhoid; March 24, 1892, temperature 105 degrees. Ordered Antikamnia gr. x every fifteen minutes until four such doses were taken; then gr. x every thirty minutes until gr. lxx had been administered, when the temperature suddenly declined a little over five degrees, remaining at 99.2 degrees under Antikamnia gr. v first every hour, then every two hours. Next day as soon as the temperature again rose the same procedure was followed, but gr. lv sufficed that day to obtain a reduction of the temperature to 100.3 degrees. The day following no Antikamnia was administered, but the temperature rose only 103 degrees, and a few days later the fever slowly vanished.

In both these cases no by-effects except those noted and naturally expected were observed. By whatever method the temperature of a fever-patient be reduced from two to five degrees within a short space of time, it can never be accomplished without some chilly sensations and more or less increased sweating. This happens also even when the baths or cold packs are employed.

Ch. R., aged 56; March 25, 1892, abscess in left shoulder; temperature 103 degrees. Ordered four doses of Antikamnia gr. x each, every fifteen minutes, to be followed by the same dose every half an hour. Under slight premonitory chills and profuse sweating, reduction of temperature set in abruptly after the administration of gr. lxxx, and a renewed rise some three hours later was with difficulty prevented by giving Antikamnia gr. x every half an hour. Four hours later it again rose suddenly to 102 degrees, notwithstanding renewed efforts, when the abscess was laid open and treated *secundum legem artis*. A great quantity of pus escaped, which was followed by prompt and permanent reduction of the temperature to normal.

F. M., aged 34; April 19, 1892, septicæmia four weeks after delivery. Temperature 104.1 degrees; abscess in left knee. Ordered Antikamnia gr. x every fifteen minutes for four doses, then same dose every thirty minutes. A few minutes after the sixth dose had been administered the patient complained of chilly sensations, accompanied by very moderate sweating, during which the temperature de-

clined to 99.2 degrees. No further doses were given, and two hours later, the temperature again commencing to rise, the abscess was laid open, which ushered in convalescence.

P. F., aged 21; severe acute tonsillitis. February 17, 1892, temperature 104 degrees. Ordered Antikamnia as before. Soon after gr. xl had been given the temperature suddenly fell to 99 degrees, but at the same time the patient felt something give way in his pharynx, which on inspection proved to have been the spontaneous opening of an abscess in one tonsil, and as the inflammation soon after subsided completely, it is difficult to decide what part the remedy took in the result.

J. C., aged 31; February 6, 1892, fever ushering in constitutional lues with rosacea. Temperature 103.2 degrees. Antikamnia administered as usual; gr. lxx brought about the desired reduction to 99 degrees. The fever did not return, though only gr. v of Antikamnia were administered every two hours for four more doses.

J. D., aged 26; January 8, 1892, tubercular consumption of the lungs; third stage. Temperature was 98.2 to 99.3 degrees every morning, and remained at that height with scarcely any variations until a little after 1 p. m., when it rose and reached 104.3 degrees near 5 p. m. At that it often remained until near 7 p. m., when under profuse sweating the temperature rapidly declined to about 99 degrees, and sometimes scarcely 98 degrees. First Antikamnia was given in varying doses and frequency in the forenoons, while I endeavored to prevent by it the regular afternoon rise, but I did not succeed. I then administered after several preceding tests 15 grains of Antikamnia as soon as the temperature began to rise, and continued gr. x every fifteen minutes until gr. lv had been taken. Often then, but occasionally after one or two more such doses had been given at intervals of ten minutes, the temperature fell to between 99.2 and 100.4 degrees, at which height I could keep it by continuing gr. v every hour until 7 p. m. The patient felt greatly relieved; at the time of the reduction he had a cold sensation, and for perhaps twenty minutes was bathed in a profuse, cold perspiration, but a feeling of comfort and a comparatively

cool skin then took the place of the annoying symptoms, while the night-sweats were very slight, and could be totally prevented by the administration of but gr. 1-120 of atropia, though generally this result is not obtained with a dose smaller than gr. 1-60.

I had four such cases under observation at one and the same time, and all were benefited equally. Though Antipyrine in each case brought about the reduction of temperature with a slightly smaller dose (gr. xl to gr. l), the rigors and the cyanosis were too violent, and were not followed by the same feeling of comfort as that accompanying the reduction of temperature influenced by Antikamnia, the average dose of which reducing the temperature was fifty-five grains.

The utmost attention was paid in all these cases to guard against errors of every kind. In diseases of longer duration, where daily exacerbations occurred, Antikamnia was administered for two days consecutively, and its effect noted. The next day the remedy was omitted, when, the temperature again rising, the record was made use of for comparison. There were absolutely no other effects of Antikamnia ascribable to the remedy itself.

In Antikamnia, we have, therefore, also a valuable antipyretic, which is definite in its action and comparatively free from any annoying by-effects unless more than grs. lxxx are administered in rapid succession, which is never indicated; for in the cases in which Antikamnia exerts a favorable influence in reducing the temperature, that dose is rarely reached, from grs. xlv to lxx, as a rule, being sufficient, if administered as described above, to obtain the desired reduction, while a small dose afterwards given at longer intervals will keep the reduction for a considerable length of time. Like other antipyretics of the same class, in some cases it exerts but little influence, and the rule is safe, if from grs. lx to lxxx do not gain us the looked-for result, to try some other means, as the cold bath.

Doses of gr. v taken by the patient every three hours for the purpose of reducing the temperature—as I have read in some of the cases published—in no case of mine have evinced the least antipyretic effect. It would occupy too much space to reiterate all the

various methods of applying the drug employed by me in the beginning of my observations, but unless the remedy is administered as recommended, the results expected will be wanting. How some physicians succeed, for instance, in typhoid fever in reducing the temperature from three to four degrees by giving Antikamnia grs. v every three hours, I cannot explain, unless the experiment was made during the period of normal decline of temperature, and what was ascribed to the action of the drug was the natural course of the disease. Thus, if I give to a consumptive patient gr. v of the remedy every three hours beginning at 2 p. m., the third dose—i. e., at 8 p. m.,—would show a normal, or even sub-normal, temperature, for the temperature begins to rise at 2 p. m., and rapidly to decline at 7 p. m. To be sure such observations only mislead and bring the drug into disrepute. If I apply Antikamnia gr. j just when the third stage in intermittent fever begins, I must not be surprised to see the temperature fall in half an hour or less from 105 degrees to 97.2 degrees, for it would have done so without the remedy.

If of Antikamnia grs. x are given every fifteen minutes until one drachm has been taken, and if this is followed by the same dose every half an hour until our object is gained—i. e., the temperature reduced—grs. v every hour to two afterward will retain for a considerable length of time the reduction of temperature once secured, and under these conditions there will be absolutely no danger from the employment of this drug. Antikamnia is very well born by the stomach. A patient of mine suffering from a rheumatic affection of both feet, objected to salicylic acid, as it invariably upset his digestive organs. The pain always became unbearable after 7 p. m., (and yet no specific treatment made any impression, in fact lues was denied,) and I ordered him to take Antikamnia grs. x every ten minutes, giving him the first day but two such doses, and increasing their number by one daily until he finally took altogether lxxx in less than one and a half hours, the last four doses being taken in the form of grs. v every five minutes with but one single effect—the total cessation of all pain and the reduction of temperature from 101 degrees to the norm.

Like all similar drugs, Antikamnia produces no permanent results, except in so far as the attack of pain for which it is taken ceases under the influence of the remedy. The value of the latter consists in its rapid, though transient effect, whether it is intended to remove pain or reduce temperature. As mentioned, the effect once obtained may be prolonged by continuing smaller doses at longer intervals, but though in neuralgia the attack is subdued—our main object for the time being—no cure is effected. By alleviating, however, the sufferings of the patient we obtain meanwhile time to allow the more radical treatment to work a cure. While trying permanently to rid the patient of his neuralgia, the rheumatism or the acute febrile disease,

we secure to him in the interval almost instant relief from all pain and the blessing of a great diminution in the fever. At the same time—and in this especially lies the great value of Antikamnia—there are no annoying by-effects; the stomach bears the remedy well, and neither circulation nor respiration, nor the nerve-centres, evince the least disturbance as long as we confine ourselves to such doses and methods of administration as experience has determined as safe, a procedure that has to be followed in the case of all-powerful remedies, powerful alike for good and evil, for the first in the hands of the expert physician, the last in those of the ignorant.

